



PLUMBING
RESPONSE TEAM LLC

Have a leak?? Let us take a peek.

(480) 578 -8745
www.PlumbingResponseTeam.com

INVOICE

JOB #: _____

DATE: _____

TECHNICIAN: _____

JOB ADDRESS	BILL TO	WORK REQUESTED
WORK REQUESTED / DESCRIPTION WORK:		<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CARD
		BILLING INFO
		CC#
		EXP. DATE
		AUTH. #:
		WO # / PO #:
RECOMMENDED REPAIRS:		TYPE OF SERVICE / TASK CODES
		1) _____ 2) _____
		3) _____ 4) _____
		5) _____ 6) _____
		NO CHARGE COURTESY SERVICE:
		TOTAL SAVINGS:
DISCLAIMER / EXCLUDES:	I hereby authorize Plumbing Response Team LLC to proceed with the work described at the flat rate of: \$ _____ and agree to pay in full upon completion. Authorized Signature: X _____ Date: _____	
TERMS: I have the authority to authorize the above described work and understand that Plumbing Response Team LLC retain ownership of the materials until invoice is paid in full. Any/all work paid in full at time of service. Plumbing Response Team LLC has NET 30 payment terms for commercial customers that have been approved for billing. Failure to pay in full will result in collections and any court fees, legal expenses, etc. are paid by the customer. There will be a \$35.00 NSF fee charge for all returned checks. WARRANTY: 1-year on parts supplied by Plumbing Response Team LLC 1-year labor unless noted on invoice. Warranty on drain cleaning outlined on invoice as a case by case basis. Acceptance Signature: I hereby acknowledge the above terms.	DIAGNOSTIC / SERVICE FEE: \$ <hr/> SUB-TOTAL: \$ <hr/> DISCOUNT: \$ <hr/> TOTAL DUE: \$	
X _____ I AM 100% SATISFIED WITH THE ABOVE DESCRIBED WORK		